

State of Missouri
Department of Health and Senior Services
Informed Consent Certification - Abortion

I certify that the following information was given to me in person, orally and reduced to writing, at least 24 hours prior to the procedure.

Please initial each line.

- _____ I have been provided the name of the physician who is to perform or induce the abortion and a contact number where the physician may later be reached if questions arise.
- _____ I have had the opportunity to ask any questions of the physician concerning the abortion.
- _____ I have been told the probable gestational age of the fetus and have been informed about the anatomical and physiological characteristics of the fetus.
- _____ I have been given a description of the proposed abortion method.
- _____ I have been informed of any immediate and long-term medical risks associated with the proposed abortion method.
- _____ I have been informed of any immediate and long-term medical risks associated with the anesthesia and medication that is to be administered.
- _____ I have been informed of any immediate and long-term medical risks associated with the gestational age of the fetus.
- _____ I have been informed of any additional risks associated with any medical conditions I have and any medical history which I have provided.
- _____ I have been given the location of the hospital that offers obstetrical and gynecological care. This hospital is located within thirty miles of the facility in which the abortion is being performed, the physician performing or inducing the abortion has clinical privileges at the hospital, and I may receive follow-up care at the hospital should complications arise.
- _____ I have been given the opportunity to view an active ultrasound. Should I choose to view an active ultrasound at another provider, I shall have reasonable time to do so prior to the abortion being performed.
- _____ I have been given the opportunity to hear the heartbeat of the developing fetus, if audible.
- _____ I have been notified of alternatives to abortion and have been provided information concerning these options.

Patient Name_____ **Date of Birth**_____

_____ I certify that the following information has been given to me:

- The pamphlet titled "How Your Baby Grows During Pregnancy"
- The pamphlet titled "Induced Abortion"
- Information concerning "alternatives to abortions"
- The pamphlet titled "Does Your Child Have a Legal Father?"
- The pamphlet titled "What's This About Child Support?"
- The Fetal Pain Fact Sheet (if gestational age is 22 weeks or older)
- A List of Alternative to Abortion Providers
- A List of Pregnancy Assistance Providers
- A List of Ultrasound Providers

_____ I understand that I am free to withhold or withdraw my consent for an abortion at any time without affecting my rights to future care or treatment and without the loss of any state or federally funded benefits to which I might otherwise be entitled. I certify that this information was provided in an individual setting that protected my privacy and maintained the confidentiality of my decision. I certify that my decision is voluntary and informed, free and without coercion.

I attest that I have been given all of the above information by a qualified professional on

Date_____

Time_____

Patient Signature: _____ **Date**_____

Parent/Guardian Signature: _____ **Date**_____

Qualified Professional: _____ **Date**_____

Patient Name_____ **Date of Birth**_____